VERIFICATION OF LICENSURE IN OTHER STATE

ARKANSAS SOCIAL WORK LICENSING BOARD
P.O. BOX 250381
LITTLE ROCK, ARKANSAS 72225
PHONE: 501-372-5071
FAX: 501-372-6301

DIRECTIONS TO APPLICANT: Complete Part I and forward this form to the state(s) where you currently hold or have held a license to practice social work.

PART I-TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	State from which Verification Requested:	License No.	Date Issued

I was granted a license as described above and request that verification of that license be submitted to the Arkansas Social Work Social Licensing Board.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Arkansas Board.

Your immediate attention will be appreciated.

_____
Signature **Date**

PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE:
Please complete this form and return it to the address indicated above.

Name of Licensee	Licensure Level	License Number	Date Issued

Please Verify Requirement Met in Your State

_____ **BSW from CSWE Accredited School** _____ **MSW from CSWE Accredited School** _____ **Two Years Postmasters LCSW Supervised Experience**

Exam Taken	Date Exam Passed:	Level of Exam Taken
ASWB: _____ **Other:** _____		

If no exam was taken, how was license obtained?
_____ **Grandfathered** _____ **Endorsement** **What state?** _____

License Current? _____ Yes _____ No	Complaints and/or Disciplinary Action? _____ *Yes _____ No
Expiration Date: _____	***If yes, please attach explanation.**

_____
Signature **Date**

(Board Seal)

_____
Printed Name **Title**

Revised 6/1/01